

**STATE OF WEST VIRGINIA**  
**State Tax Department, Tax Account Administration Div**  
**P.O. Box 2991**  
**Charleston, WV 25330-2991**



Name \_\_\_\_\_

Address \_\_\_\_\_

Account #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WV/TPT-703  
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**REQUISITION FOR WEST VIRGINIA CIGARETTE STAMPS**

**Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail.**  
**Please visit [www.wvtax.gov](http://www.wvtax.gov) for additional information.**

Date Requested: _____ M M D D Y Y Y Y		BONDED <input type="checkbox"/> FOR DEPARTMENT USE ONLY		
<b>SECTION 1 - TAX CALCULATION</b>				
	<b>Stamps For Packages of 20 Cigarettes</b>		<b>Stamps For Packages of 25 Cigarettes</b>	<b>Total Tax Due (Sum Across Lines)</b>
	A. Rolls of 30,000	B. Sheets of 150	C. Rolls of 7200	D. Total
1. Quantity of Items				
2. Stamps Per Item	30,000	150	7200	
3. Total Stamps (Line 1 times Line 2)				
4. Tax Rate Per Stamp	0.5500	0.5500	0.6875	
5. Face Value of Stamps (Line 3 times Line 4)	.	.	.	.
6. Dealer Discount Rate	0.0400	0.0400	0.0400	
7. Dealer Discount (Line 5 times Line 6)	.	.	.	.
8. Net Tax Due (Line 5 minus Line 7)	.	.	.	.
<b>SECTION 2 - TOTAL TAX DUE</b>				
1. Total Net Tax Due (Section 1 Column D Line 8)				
2. Less Credit (Must attach original credit issued by Department)				
3. Total Remittance (Line 1 minus Line 2)				

<b>CONTACT INFORMATION</b>		
(Person to Contact Concerning this Return)	(Telephone Number)	(E-mail Address)

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
Tax Account Administration Div  
P.O. Box 2991, Charleston, WV 25330-2991  
FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297  
For more information visit our web site at: [www.wvtax.gov](http://www.wvtax.gov)  
File online at <https://mytaxes.wvtax.gov>



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